

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155295		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/06/2013	
NAME OF PROVIDER OR SUPPLIER CLINTON HOUSE HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 809 W FREEMAN ST FRANKFORT, IN 46041			
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F0000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00121605.</p> <p>Complaint IN00121605 unsubstantiated, due to lack of evidence.</p> <p>Survey dates: January 28, 29, 30, 31, February 1, 4, 5 and 6, 2013.</p> <p>facility number: 000192 Provider number: 155295 AIM number: 100291120</p> <p>Survey team: Rita Mullen, RN, TC Michelle Carter, RN</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 17 Medicaid: 47 Other: 8 Total: 72</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review completed by Tammy Alley RN on February 12, 2013.						

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F0248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on record review and interview, the facility failed to ensure an activity plan was offered for 1 of 3 residents reviewed for activity participation in a sample of 3. (Resident #82)</p> <p>Findings include:</p> <p>The clinical chart for Resident #82 was reviewed on 2/05/12 at 1:50 P.M.</p> <p>Diagnoses included, but were not limited to, quadriplegia, high blood pressure, and hypothyroidism.</p> <p>During an interview with Resident #82 on 1/29/13 at 1:18 P.M., he indicated that he does not participate in activities due to spending most of his time in bed.</p> <p>An interview was conducted with the Activity Director on 2/05/13, at 3:05 P.M. She indicated Resident #82 received 1 on 1 interaction due to the fact he does not like to get out of his</p>			F0248	<p>Resident # 82 has been assessed and found to have no adverse effects from alleged deficient practice.</p> <p>Residents who are to have 1:1 for activities have the potential to be affected by the alleged deficient practice.</p> <p>Activity records will be audited and residents on 1:1 will be interviewed by the Activity Director to ensure activities are being scheduled as per care plan. Activity personnel will be in serviced on appropriate activities for those residents who may</p>		03/08/2013

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	<p>bed very often.</p> <p>Activity participation calendars for January and February 2013 indicated Resident # 82 received the following 1 on 1 (activity director and resident) visits: music and sensory program activities, current event activities, social visits, reminiscing, and food channel talk/discussion. These activities occurred 1 to 3 times per week for the time period of 1/16/13 to 2/5/13.</p> <p>Resident #82 received an activity visit on the following days: 1/16/13, 1/21/13, 1/22/13, 1/23/13, 1/25/13, 1/29/13, 1/30/13, 2/4/13, and 2/5/13.</p> <p>An Activity care plan, dated 10/03/12, indicated resident was to receive 1 on 1 services 2-3 times per week, such as paper articles, current events, music, and /or sensory program.</p> <p>Activity notes, dated 10/3/12, indicated "resident to receive 1:1 [one on one services], 2 - 3 times weekly.</p> <p>During an interview with the Activity Director on 2/5/13 at 3:20 P.M., she indicated the resident did not receive any activity services from the time of admission (10/3/12) to 1/16/2013</p>				<p>require 1:1 activities. Activity Director will audit records of those residents who require 1:1 activities 3 times a week for 4 weeks, then weekly for 4 weeks, then monthly for 4 months. Non compliance will be addressed through re-education and/or progressive disciplinary actions as indicated.</p> <p>Results will be reviewed monthly in QA meeting times 6 months and then quarterly with subsequent plan development and implementation as appropriate.</p>		

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	<p>because he indicated he did not wish to participate in activities. Supporting documentation of the refusal of activities was not provided by the facility staff.</p> <p>3.1-33(a)</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to follow an activities care plan for 1 of 3 residents reviewed for activity care plans (Resident #82) and failed to ensure a physician order was followed for 1 of 1 residents reviewed for dialysis services. (Resident #31)</p> <p>Findings include:</p> <p>1. The clinical chart for Resident # 82 was reviewed on 2/05/12 at 1:50 P.M.</p> <p>Diagnoses included, but were not limited to, quadriplegia, high blood pressure, and hypothyroidism.</p> <p>During an interview with Resident #82 on 1/29/13 at 1:18 P.M., he indicated that he does not participate in activities due to spending most of his time in bed.</p> <p>An Activity care plan dated 10/03/12, indicated the resident was to receive 1 on 1 services, 2-3 times per week, such as paper articles, current events, music, and /or sensory</p>		F0282	<p>Residents # 82 and 31 have been assessed and found to have no adverse affects from alleged deficient practice.</p> <p>Residents who are to be provided 1:1 activities and those residents who have orders for fluid restrictions have the potential to be affected by the alleged deficient practice.</p> <p>Activity records will be audited and residents on 1:1 will be interviewed by the Activity Director to ensure activities are being scheduled as per care plan. Medical records of residents on fluid restrictions will be</p>		03/08/2013	

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	<p>program.</p> <p>An interview was conducted with the Activity Director on 2/05/13, at 3:05 P.M., She indicated Resident #82 received 1 on 1 activity interaction due to the fact he does not like to get out of his bed very often.</p> <p>Activity participation calendars for January and February 2013 indicated Resident #82 received the following 1 on 1 (activity director and resident) visits: music and sensory program activities, current event activities, social visits, reminiscing, and food channel talk/discussion. These activities occurred 1 to 3 times per week for the time period of 1/16/13 to 2/5/13.</p> <p>Resident #82 received an activity visit on the following days: 1/16/13, 1/21/13, 1/22/13, 1/23/13, 1/25/13, 1/29/13, 1/30/13, 2/4/13, and 2/5/13.</p> <p>Activity notes, dated 10/3/12, indicated "resident to receive 1:1 [one on one services], 2 - 3 times weekly."</p> <p>During an interview with the Activity Director on 2/5/13 at 3:20 P.M., she indicated the resident did not receive any activity services from the time of</p>			<p>reviewed by the DON/or designee to ensure intakes and outputs are being recorded properly and separate from food consumption. Activity personnel will be in serviced on appropriate activities for those residents who may require 1:1 activities. Licensed nursing staff will be in serviced on fluid restrictions and policy and procedure of documentation of intakes and outputs, and following physician's orders. Dialysis "folders" have been implemented to ensure documentation on residents who have dialysis offsite. Activity Director will audit records of those residents who require 1:1 activities 3 times a week for 4 weeks, then</p>			

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	admission (10/3/12) to 1/16/2013 because he indicated he did not wish to participate in activities. Supporting documentation of the refusal of activities was not provided by the facility staff. The Activity Director indicated she reviewed Resident #82's care plan for activities and was aware the care plan was not followed.			weekly for 4 weeks, then monthly for 4 months. Non compliance will be addressed through re-education and/or progressive disciplinary actions as indicated. The director of nursing or designee will audit the medical records of those on intake and output monitoring 3 times a week for 4 weeks, 1 time a week for 4 weeks, and once a week for 4 months. Non compliance will be addressed through re-education and/or progressive disciplinary actions as indicated. Results will be reviewed monthly in QA meeting times 6 months and then quarterly with subsequent plan development and implementation as appropriate.			

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	<p>2. The clinical record of Resident #31 was reviewed on 1/30/13 at 10:30 A.M.</p> <p>Diagnoses included, but were not limited to, end stage renal disease, diabetes and was receiving dialysis three times a week outside the facility.</p> <p>During an interview with Resident #31, on 1/29/13 at 9:37 A.M., she indicated she kept drinks in her refrigerator in her room.</p> <p>A Dialysis Care Plan, dated 11/24/12, indicated the Resident had acute renal failure, would be free of fluid overload and would receive a diet as ordered.</p> <p>A Physicians order, dated 11/24/12, indicated "continue to monitor fluid intake et [and] fluid restriction, 1 qt per day."</p> <p>A review of the daily fluid distribution for meals and the taking of oral medications was as follows:</p> <p>"1 qt per day Fluid Restriction</p> <p>120cc (cubic millimeters) 10p-6a, 240cc 6a-2p, 120cc 2p-10p Nursing</p>						

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	<p>240cc Breakfast, 120cc Lunch, 120cc Dinner Dietary."</p> <p>A review of the resident intake records for Resident #31, on 1/30/13 at 10:35 A.M., indicated the total percentage of meals consumed but not the amount of fluids drank during meals.</p> <p>During an interview with LPN #1, on 2/5/13 at 2:00 P.M., she indicated the meal intake is monitored but the fluids aren't monitored separately.</p> <p>3.1-35(g)(2)</p>						

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F0329 SS=D	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to assess the effectiveness of PRN (as needed) medications for 3 of 10 residents reviewed for unnecessary medications. (Residents #16, 31 and 34)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #16 was reviewed on 2/5/13 at 11:00 A.M.</p>		F0329	<p>Residents # 16, 31 and 34 have been assessed by licensed nurse to ensure there have been no adverse affects from alleged deficient practice. Residents who receive PRN medications have the potential to be effected</p>		03/08/2013	

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	<p>A review of the Medication Administration Records (MAR) for the months of December 2012 and January 2013 indicated the following:</p> <p>December 2012: Resident #16 received a PRN medication 16 times. Two were assessed by a nurse as to the effectiveness of the PRN medication and fourteen PRN medications were not assessed for effectiveness.</p> <p>January 2013: Resident #16 received a PRN medication 28 times. Five were assessed by a nurse as to the effectiveness of the PRN medication and twenty three PRN medications were not assessed for effectiveness.</p> <p>2. The clinical record of Resident #31 was reviewed on 2/5/13 at 2:30 P.M.</p> <p>A review of the Medication Administration Records (MAR) for the months of December 2012, January 2013 and February 1 through 4, 2013 indicated the following:</p> <p>December 2012: Resident #31 received a PRN medication 42 times. Twenty nine were assessed by a nurse as to the effectiveness of the PRN medication and thirteen PRN medications were not assessed for</p>		<p>by this alleged deficient practice</p> <p>Licensed nursing staff will be in serviced on standards of practice, assessments, and follow up when giving PRN medications. Qualified medication aides will be in serviced on requesting assessment from licensed nurse for giving PRN medications and follow up documentation by the licensed nurse.</p> <p>Director of nursing or designee will monitor the 24 hour report sheet for PRN medications and appropriate follow up documentation 5 times a week for 4 weeks, 3 times a week for 4 weeks, once a week for 4 weeks, then monthly for 3 months. Non</p>				

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	<p>effectiveness.</p> <p>January 2013: Resident #31 received a PRN medication 43 times. Twenty nine were assessed by a nurse as to the effectiveness of the PRN medication and fourteen PRN medications were not assessed for effectiveness.</p> <p>February 1, 2, 3 and 4, 2013: Resident #31 received a PRN medication 18 times. Seven were assessed by a nurse for effectiveness of the PRN medication and eleven were not assessed for effectiveness.</p> <p>A Policy for "Medication Administration Operating Standard Guideline," dated December 2012, received from the Director of Nursing, on 2/6/13 at 9:50 A.M., indicated the following:</p> <p>"...PRN medications-Given upon request or administered per body language or behavior. Document reason and follow up results on back of MAR...."</p> <p>3. The clinical record of Resident #34 was reviewed on 2/5/13 at 1:00 P.M.</p> <p>A review of the Medication</p>		<p>compliance will be addressed through re-education and/or progressive disciplinary actions as indicated.</p> <p>Results will be reviewed monthly in QA meeting times 6 months and then quarterly with subsequent plan development and implementation as appropriate.</p>				

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	<p>Administration Records (MAR) for the month of January 2013 indicated a PRN medication was given on 1/23/13 at 7:16 P.M., by QMA #2. There was no nursing note as to the effectiveness of the PRN medication.</p> <p>3.1-48(a)(3)</p>						